

**SECTION 6. PREGNANCY AND BREASTFEEDING**

601	CHECK 222: ONE OR MORE BIRTHS SINCE JANUARY 1987	<input type="checkbox"/>	NO BIRTHS SINCE JANUARY 1987	<input type="checkbox"/>	(SKIP TO 644)
602 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).  Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)					
LINE NUMBER FROM Q. 212		<input type="text"/>	<input type="text"/>	<input type="text"/>	
FROM Q. 212 AND Q. 216		LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
603	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 605)←	THEN.....1 (SKIP TO 605)←	THEN.....1 (SKIP TO 605)←	
		LATER.....2	LATER.....2	LATER.....2	
		NO MORE.....3 (SKIP TO 605)←	NO MORE.....3 (SKIP TO 605)←	NO MORE.....3 (SKIP TO 605)←	
604	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	
605	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 609)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 609)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 609)←	
606	Where did you receive this antenatal care?	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR.....D OTHER.....E (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR.....D OTHER.....E (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR.....D OTHER.....E (SPECIFY)	
607	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> DON'T KNOW.....98	

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
608	How many antenatal visits did you have during this pregnancy?	NO. OF VISITS..... <input type="text"/> <input type="text"/>	NO. OF VISITS..... <input type="text"/> <input type="text"/>	NO. OF VISITS..... <input type="text"/> <input type="text"/>	NO. OF VISITS..... <input type="text"/> <input type="text"/>	NO. OF VISITS..... <input type="text"/> <input type="text"/>
		DON'T KNOW.....98	DON'T KNOW.....98	DON'T KNOW.....98	DON'T KNOW.....98	DON'T KNOW.....98
609	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8
610	During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
		DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8
611	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)
612	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F
613	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8
614	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
615	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8



	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
627	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 08 (SPECIFY) (SKIP TO 638)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 08 (SPECIFY) (SKIP TO 638)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 08 (SPECIFY) (SKIP TO 638)←
628	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>		
629	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 636)		
630	Are you still breast-feeding (NAME)?	YES.....1 NO.....2 (SKIP TO 636)←		
631	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.			
632	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
633	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>		

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
634	At any time yesterday or last night was (NAME) given any of the following?:					
	Plain water?	PLAIN WATER.....1	YES	NO		
	Sugar water?	SUGAR WATER.....1				
	Juice?	JUICE.....1				
	Herbal tea?	HERBAL TEA.....1				
	Baby formula?	BABY FORMULA.....1				
	Fresh milk?	FRESH MILK.....1				
	Tinned or powdered milk?	TINNED/POWDERED MILK.1				
	Other liquids?	OTHER LIQUIDS.....1				
	Any mushy or solid food?	MUSHY/SOLID FOOD.....1				
635	CHECK 634: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 640)		"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 639)		
636	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH.  IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.				
637	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
638	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 640)	DEAD <input type="checkbox"/> ↓	ALIVE <input type="checkbox"/> ↓ (SKIP TO 640)	DEAD <input type="checkbox"/> ↓
639	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 643) ←	YES.....1 NO.....2 (SKIP TO 643) ←	YES.....1 NO.....2 (SKIP TO 643) ←	YES.....1 NO.....2 (SKIP TO 643) ←
640	How many months old was (NAME) when you started giving the following on a regular basis?:  Formula or milk other than breastmilk?  Plain water?  Other liquids?  Any mushy or solid food?  IF LESS THAN 1 MONTH, RECORD '00'.	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  (SKIP TO 643)	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  (SKIP TO 643)	
641	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 643)	DEAD <input type="checkbox"/> ↓		
642	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8			
643	GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 644.				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
644	CHECK 215: ANY BIRTH IN 1984, 1985, OR 1986?	YES <input type="checkbox"/> NO <input type="checkbox"/>	649
	NAME OF LAST BIRTH PRIOR TO JANUARY 1987: (NAME)		
645	Did you ever feed (NAME) at the breast?	YES.....1 NO.....2	647
646	How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/>	
647	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DID NOT RETURN.....96	
648	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> NOT RESUMED.....96	
649	What should be the first food or liquid a baby gets after birth?	BREAST MILK/COLOSTRUM.....1 SUGAR WATER.....2 INFANT FORMULA.....3 HONEY.....4 HERBAL TEA.....5 OTHER.....6 (SPECIFY)	
650	What health problems might be caused by bottlefeeding? RECORD ALL MENTIONED.	UNSANITARY WATER USED TO MIX FORMULA.....A FORMULA DILUTED SO BABY NOT ADEQUATELY NOURISHED.....B COLIC.....C DIARRHEA.....D POOR WEIGHT GAIN.....E TOOTH DECAY.....F OTHER.....G (SPECIFY) NONE/DON'T KNOW.....H	
651	How old should an infant before he/she is first given other foods or liquids in addition to breastmilk?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
652	CHECK 222:	ONE OR MORE BIRTHS SINCE JANUARY 1987 <input type="checkbox"/> NO BIRTHS SINCE JANUARY 1987 <input type="checkbox"/>	741
	NAME OF LAST BIRTH PRIOR TO JANUARY 1987: (NAME)		

**SECTION 7. IMMUNIZATION AND HEALTH**

**701** ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. BEGIN WITH THE LAST BIRTH. RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
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	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	NAME <input style="width:80%;" type="text"/>	NAME <input style="width:80%;" type="text"/>	NAME <input style="width:80%;" type="text"/>
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>

<p><b>702</b> Do you have a birth certificate where (NAME'S) vaccinations are written down? IF YES: May I see it, please?</p>	<p>YES, SEEN.....1 (SKIP TO 704)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 706)←</p> <p>NO CARD.....3</p>	<p>YES, SEEN.....1 (SKIP TO 704)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 706)←</p> <p>NO CARD.....3</p>	<p>YES, SEEN.....1 (SKIP TO 704)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 706)←</p> <p>NO CARD.....3</p>
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<p><b>703</b> Did you ever have a vaccination certificate for (NAME)?</p>	<p>YES.....1 (SKIP TO 706)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 706)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 706)←</p> <p>NO.....2</p>
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<p><b>704</b> (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE.  (2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.</p>	<p>DAY MO YR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td><td></td></tr> </table>	BCG					P1					P2					P3					D1					D2					D3					MEA					H1					H2					H3					<p>DAY MO YR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td><td></td></tr> </table>	BCG					P1					P2					P3					D1					D2					D3					MEA					H1					H2					H3					<p>DAY MO YR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td><td></td></tr> </table>	BCG					P1					P2					P3					D1					D2					D3					MEA					H1					H2					H3				
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<p><b>705</b> Has (NAME) received any vaccinations that are not recorded on this certificate?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3, HEPATITIS 1-3 AND/OR MEASLES VACCINE(S).</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 704)</p> <p>NO.....2 DON'T KNOW.....8 (SKIP TO 708)←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 704)</p> <p>NO.....2 DON'T KNOW.....8 (SKIP TO 708)←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 704)</p> <p>NO.....2 DON'T KNOW.....8 (SKIP TO 708)←</p>
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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706	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 708)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 708)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 708)← DON'T KNOW.....8
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707	Please tell me if (NAME) (has) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	A DPT injection?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	An injection against measles at nine months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	An injection against hepatitis?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>

708	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 710)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 710)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 710)
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709 GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 740.

710	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
-----	---	---	---	---

711	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 715)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 715)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 715)← DON'T KNOW.....8
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
712	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
713	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
714	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
715	CHECK 710 AND 711: FEVER OR COUGH?	"YES" IN EITHER 710 OR 711 <input type="checkbox"/> YES <input type="checkbox"/> OTHER (SKIP TO 720)	"YES" IN EITHER 710 OR 711 <input type="checkbox"/> YES <input type="checkbox"/> OTHER (SKIP TO 720)	"YES" IN EITHER 710 OR 711 <input type="checkbox"/> YES <input type="checkbox"/> OTHER (SKIP TO 720)
716	Was anything given to treat the fever/cough?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 718) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 718) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 718) ←
717	What was given to treat the fever/cough? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B COUGH SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E HOME REMEDY/ HERBAL MEDICINE.....F OTHER.....G (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B COUGH SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E HOME REMEDY/ HERBAL MEDICINE.....F OTHER.....G (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B COUGH SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E HOME REMEDY/ HERBAL MEDICINE.....F OTHER.....G (SPECIFY)
718	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 720) ←	YES.....1 NO.....2 (SKIP TO 720) ←	YES.....1 NO.....2 (SKIP TO 720) ←
719	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
720	Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 722)← NO.....2 DON'T KNOW.....8	YES.....1 (SKIP TO 722)← NO.....2 DON'T KNOW.....8	YES.....1 (SKIP TO 722)← NO.....2 DON'T KNOW.....8
721	GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 740.			
722	Has (NAME) had diarrhea in the last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
723	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
724	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 728)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 728)
725	CHECK 625/630: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 728)		
726	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 728)←		
727	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
728	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 GIVEN BREASTMILK ONLY...4 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 GIVEN BREASTMILK ONLY...4 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 GIVEN BREASTMILK ONLY...4 DON'T KNOW.....8
729	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 731)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 731)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 731)← DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____			
730	What was given to treat the diarrhea?  Anything else?  RECORD ALL MENTIONED.	MAHLOUL MOALGET EL-GAFFEF.....A HOMEMADE SUGAR, SALT AND WATER SOLUTION.....B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	MAHLOUL MOALGET EL-GAFFEF.....A HOMEMADE SUGAR, SALT AND WATER SOLUTION.....B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	MAHLOUL MOALGET EL-GAFFEF.....A HOMEMADE SUGAR, SALT AND WATER SOLUTION.....B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)			
731	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 733)←	YES.....1 NO.....2 (SKIP TO 733)←	YES.....1 NO.....2 (SKIP TO 733)←			
732	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)			
733	CHECK 730:  MAHLOUL MOALGET EL-GAFFEF MENTIONED?	NO, MAHLOUL EL-GAFFEF NOT MENTIONED <input type="checkbox"/> ↓	YES, MAHLOUL EL-GAFFEF MENTIONED <input type="checkbox"/> ↓ (SKIP TO 735)	NO, MAHLOUL EL-GAFFEF NOT MENTIONED <input type="checkbox"/> ↓	YES, MAHLOUL EL-GAFFEF MENTIONED <input type="checkbox"/> ↓ (SKIP TO 735)	NO, MAHLOUL EL-GAFFEF NOT MENTIONED <input type="checkbox"/> ↓	YES, MAHLOUL EL-GAFFEF MENTIONED <input type="checkbox"/> ↓ (SKIP TO 735)
734	Was (NAME) given mahloul moalget el-gaffef when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 736)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 736)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 736)← DON'T KNOW.....8			
735	For how many days was (NAME) given mahloul moalget el-gaffef?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
736	CHECK 730:  HOMEMADE SUGAR, SALT AND WATER SOLUTION MENTIONED?	NO, HOME SOL'N NOT MENTIONED <input type="checkbox"/> ↓ (SKIP TO 738)	YES, HOME SOL'N MENTIONED <input type="checkbox"/> ↓ (SKIP TO 738)	NO, HOME SOL'N NOT MENTIONED <input type="checkbox"/> ↓ (SKIP TO 738)
737	Was (NAME) given a solution made from sugar, salt and water when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 739) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 739) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 739) ← DON'T KNOW.....8
738	For how many days was (NAME) given the solution made from sugar, salt and water?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
739	GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 740.			

7-6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
740	CHECK 730 AND 734 (ALL COLUMNS):		
	MAHLOUL MOALGET EL-GAFFEF GIVEN TO ANY CHILD <input type="checkbox"/>	MAHLOUL MOALGET EL-GAFFEF NOT GIVEN TO ANY CHILD OR 730 AND 734 NOT ASKED <input type="checkbox"/>	743
741	Have you ever heard of a special product called mahloul moalget el-gaffaf you can get for the treatment of diarrhea?	YES.....1 NO.....2	801
742	Have you ever prepared mahloul moalget el-gaffaf to treat diarrhea in yourself or someone else?	YES.....1 NO.....2	801
743	The last time you prepared the mahloul moalget el-gaffaf did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	
744	How much water did you use to prepare mahloul moalget el-gaffaf the last time you made it?	1½ LITER.....01 1 LITER.....02 1 1½ LITERS.....03 2 LITERS.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER _____06 (SPECIFY) DON'T KNOW.....98	

SECTION 8. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	How I would like to ask some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED..... <input type="text"/>	
802	In what month and year did you first enter into a marriage contract?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
803	How old were you when you first entered into a marriage contract?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW AGE.....98	
804	In what month and year did you start living with your (first) husband?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
805	How old were you when you started living together with your (first) husband?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW AGE.....98	
806	CHECK 804 AND 805:		
	YEAR AND AGE GIVEN? YES <input type="checkbox"/>	<input type="checkbox"/> → 808	
807	RECORD CURRENT YEAR IN BOX ON RIGHT AND COMPLETE THE FOLLOWING IN ORDER TO CHECK THE CONSISTENCY OF 804 AND 805:	<div style="border: 1px solid black; padding: 5px;"> <p>IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <p>CURRENT YEAR <input type="text"/><input type="text"/></p> <p>MINUS -</p> <p>CURRENT AGE (103) <input type="text"/><input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/><input type="text"/></p> </div>	
	<p>YEAR OF BIRTH (102) <input type="text"/><input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (805) <input type="text"/><input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/><input type="text"/></p>		
	IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (804)?		
	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ PROBE AND CORRECT 804 AND 805.	
808	DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1987. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1987.		
	FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
809	CHECK COLUMN 6 OF CALENDAR:	IN MARITAL UNION AT ANY TIME SINCE JANUARY 1987 <input type="checkbox"/>	NOT IN MARITAL UNION AT ANY TIME SINCE JANUARY 1987 <input type="checkbox"/>	814A
810	<p>Since January 1987, did you and your husband ever live apart (without visiting) for more than one month because of work, school or for any other reason?</p> <p>(IF WOMAN HAD MORE THAN ONE HUSBAND DURING THE PERIOD, CIRCLE CODE '1' (YES) IF SHE LIVED APART FROM ANY OF OF HER HUSBANDS FOR MORE THAN ONE MONTH.)</p>	YES.....1 NO.....2	901	
811	<p>USE CALENDAR TO PROBE FOR ALL PERIODS THE WOMAN LIVED APART FROM HER HUSBAND(S) BACK TO JANUARY 1987. ENTER 'X' (NOT SEPARATED) OR THE CODE FOR THE TYPE OF SEPARATION IN COLUMN 7.</p> <p>IF THE WOMAN MARRIED FOR THE FIRST TIME SINCE JANUARY 1987, RECORD "X" (NOT SEPARATED) IN THE MONTH AND YEAR OF MARRIAGE AND PROBE FOR PERIODS OF SEPARATION FOLLOWING THAT DATE. FOR WOMEN MARRIED FOR THE FIRST TIME BEFORE JANUARY 1987, BEGIN WITH JANUARY 1987 AND COMPLETE THE ENTIRE COLUMN.</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>Did your husband ever leave and stay somewhere else for more than one month? When did he leave? For how many months was he away without visiting you? Was he staying somewhere else in Egypt or in some other country? Did you ever leave and stay elsewhere (e.g., because a family member was ill, etc.) for more than one month? When did you leave? For how many months were you away without seeing your husband? Were you staying somewhere else in Egypt or in some other country?</p>			
812	CHECK 804-806:	BEGAN FIRST MARRIAGE BEFORE JANUARY 1987 <input type="checkbox"/>	BEGAN FIRST MARRIAGE AT ANY TIME SINCE JANUARY 1987 <input type="checkbox"/>	901
813	CHECK COLUMN 7 OF CALENDAR:	LIVING APART FROM HUSBAND IN JANUARY 1987 <input type="checkbox"/>	NOT LIVING APART FROM HUSBAND IN JANUARY 1987 <input type="checkbox"/>	901
814	<p>I see that you were living apart from your husband in January 1987. When did you begin living apart that time?</p> <p>THIS DATE SHOULD NOT PRECEDE THE DATE OF CONCEPTION OF ANY CHILD BORN BEFORE 1987.</p>	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98		
814A	In what month and year were you widowed (divorced from) your last husband)?			



**SECTION 9. HUSBAND'S BACKGROUND, RESIDENCE AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>DIVORCED <input type="checkbox"/></p> <p>WIDOWED <input type="checkbox"/></p> <p align="center">↓ (SKIP TO 903)</p>		904
902	<p>RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.</p>	<p>HUSBAND'S LINE NUMBER..... <input type="text"/></p>	
903	<p>How old was your husband on his last birthday?</p>	<p>AGE IN COMPLETED YEARS..... <input type="text"/></p>	
904	<p>In what month and year was your husband born?</p> <p>COMPARE AND CORRECT 903 AND/OR 904 IF INCONSISTENT.</p>	<p>MONTH..... <input type="text"/></p> <p>DON'T KNOW MONTH.....98</p> <p>YEAR..... <input type="text"/></p> <p>DON'T KNOW YEAR.....98</p>	
905	<p>Is (was) your (last) husband your first cousin, other blood relative, or no relation at all?</p>	<p>FIRST COUSIN.....1</p> <p>OTHER RELATIVE.....2</p> <p>NO RELATION AT ALL.....3</p>	
906	<p>Did your (last) husband ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	909
907	<p>What was the highest level of school he attended?</p>	<p>PRIMARY .....1</p> <p>PREPARATORY.....2</p> <p>SECONDARY.....3</p> <p>UPPER INTERMEDIATE.....4</p> <p>UNIVERSITY.....5</p> <p>MORE THAN UNIVERSITY.....6</p> <p>DON'T KNOW.....8</p>	909
908	<p>What was the highest grade which he completed at that level?</p>	<p>GRADE..... <input type="text"/></p> <p>DON'T KNOW.....8</p>	
909	<p>What kind of work does (did) your (last) husband mainly do?</p> <p>RECORD ANSWER IN DETAIL.</p>	<p>_____ <input type="text"/></p> <p>_____</p> <p>_____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
910	<p>CHECK 909:</p> <p>WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE</p> <p>DOES (DID) NOT WORK <input type="checkbox"/> IN AGRICULTURE</p>		912
911	<p>(Does/did) your husband mainly work on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?</p>	<p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>SOMEONE ELSE'S LAND.....3</p>	914 913
912	<p>Does (did) your husband work for someone else or for himself?</p>	<p>FOR SOMEONE ELSE.....1</p> <p>FOR HIMSELF.....2</p>	914
913	<p>Does (did) he earn a regular wage or salary?</p>	<p>YES.....1</p> <p>NO.....2</p>	
914	<p>Now I would like to ask some questions about places where you have lived. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town or in a village?</p> <p>_____</p> <p>(NAME OF LOCALITY AND GOVERNORATE)</p>	<p>CAIRO/GIZA.....1</p> <p>ALEXANDRIA.....2</p> <p>OTHER CITY/TOWN.....3</p> <p>VILLAGE.....4</p> <p>OUTSIDE EGYPT.....5</p> <p>(SPECIFY)</p>	
915	<p>Have you lived in only one or in more than one community since January 1987?</p>	<p>ONE COMMUNITY.....1</p> <p>MORE THAN ONE COMMUNITY.....2</p>	917
916	<p>CHECK COVER PAGE OR Q116-Q117 (FOR VISITORS) AND ENTER THE NAME OF THE PLACE WHERE THE RESPONDENT CURRENTLY RESIDES:</p> <p>_____</p> <p>(NAME OF LOCALITY AND GOVERNORATE)</p> <p>ENTER (IN COLUMN 8 OF CALENDAR) THE APPROPRIATE CODE FOR COMMUNITY WHERE RESPONDENT CURRENTLY LIVES ("1" CAIRO/GIZA, "2" ALEXANDRIA, "3" OTHER CITY/TOWN, "4" VILLAGE, "5" OUTSIDE EGYPT) FOR VISITORS, CHECK QUESTION 116 FOR RESIDENCE.</p> <p>BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1987.</p>		918
917	<p>In what month and year did you move to (CURRENT COMMUNITY)?</p> <p>ENTER (IN COLUMN 8 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS, ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ("1" CAIRO/GIZA, "2" ALEXANDRIA, "3" OTHER CITY/TOWN, "4" VILLAGE, OR "5" OUTSIDE EGYPT)</p> <p>CONTINUE PROBING FOR PREVIOUS COMMUNITIES AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY.</p> <p>ILLUSTRATIVE QUESTIONS</p> <ul style="list-style-type: none"> <li>- Where did you live before.....?</li> <li>- In what month and year did you arrive there?</li> <li>- Is that place in a city, a town, or in a village?</li> </ul> <p>ENTER THE NAME OF THE LOCALITY AND THE GOVERNORATE IN WHICH THE RESPONDENT WAS LIVING IN JANUARY 1987:</p> <p>_____</p> <p>(NAME OF LOCALITY AND GOVERNORATE)</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
918	CHECK 916 OR 917 FOR RESIDENCE IN JANUARY 1987:  When did you move to (PLACE OF RESIDENCE IN JANUARY 1987)?	LIVED THERE SINCE BIRTH.....96 MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	→920
919	Before you moved to (PLACE OF RESIDENCE IN JANUARY 1987), were you living in Cairo/Giza, Alexandria, another city or town or a village?  _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT _____5 (SPECIFY)	
920	Now I would like to ask you some questions about working. As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm, or in the family business.  Before you married for the first time, did you do any of these things or any work?	YES.....1 NO.....2	
921	Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→924
922	Have you ever worked since January 1987?	YES.....1 NO.....2	→924
923	ENTER "0" IN COLUMN 9 OF CALENDAR IN EACH MONTH FROM JANUARY 1987 TO CURRENT MONTH		→928
924	What is (was) your (most recent) occupation? That is, what kind of work do (did) you do?	<input type="text"/> <input type="text"/> _____ _____ _____	
925	USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1987. ENTER CODE FOR NO WORK OR FOR TYPE OF WORK IN COLUMN 9.  ILLUSTRATIVE QUESTIONS - When did this job begin (and when did it end)? - What did you do before that? - How long did you work at that time? - Were you self-employed or an employee? - Were you paid for this work? - Did you work at home or away from home?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
926	CHECK COLUMN 9 OF CALENDAR:  WORKED IN JANUARY 1987	DID NOT WORK IN JANUARY 1987	928
927	I see that you were working in January 1987. When did you start that job?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	930
928	I see that you were not working in January 1987. Did you ever work prior to January 1987?	YES.....1 NO.....2	930
929	When did your last job prior to January 1987 end?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
930	CHECK 921: CURRENTLY WORKING?	NO	934
931	CHECK 215/216/218: HAS CHILD BORN SINCE JANUARY 1987 AND LIVING AT HOME?	NO	934
932	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	934
933	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS.....06 CHILD IS IN SCHOOL.....07 CHILD TAKEN TO NURSERY.....08 OTHER.....09 (SPECIFY)	
934	RECORD THE TIME	HOUR..... MINUTES.....	

**SECTION 10. HEIGHT AND WEIGHT**

<b>1001</b>	<b>CHECK 222:</b>	
	<input type="checkbox"/> ONE OR MORE BIRTHS SINCE JANUARY 1987	<input type="checkbox"/> NO BIRTHS SINCE JANUARY 1987
	v	→ 1101

**INTERVIEWER:** IN 1002 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1987 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1987. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1987 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1987, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
<b>1002</b> LINE NO. FROM Q.212		□□	□□	□□
<b>1003</b> NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
<b>1004</b> DATE OF BIRTH  FROM Q.103 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
<b>1005</b> BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
<b>1006</b> HEIGHT (in centimeters)	□□□.□	□□□.□	□□□.□	□□□.□
<b>1007</b> WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
<b>1008</b> WEIGHT (in kilograms)	□□□.□	0□□.□	0□□.□	0□□.□
<b>1009</b> DATE WEIGHED AND MEASURED	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
<b>1010</b> RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)
<b>1011</b> NAME OF MEASURER: _____	□□	NAME OF ASSISTANT: _____	□□	

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101-1102 AS APPROPRIATE.  
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

1101 DEGREE OF COOPERATION.

POOR.....1  
FAIR.....2  
GOOD.....3  
VERY GOOD.....4

1102 INTERVIEWER'S COMMENTS:

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1103 FIELD EDITOR'S COMMENTS:

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1104 SUPERVISOR'S COMMENTS:

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1105 OFFICE EDITOR'S COMMENTS:

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INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1, 6, 8, AND 9 ALL MONTHS SHOULD BE FILLED IN.

COL.1: Births, Pregnancies, Contraceptive Use

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 NORPLANT
- 5 DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION
- 8 MALE STERILIZATION
- 9 PERIODIC ABSTINENCE
- L WITHDRAWAL
- G PROLONGED BREASTFEEDING
- W OTHER (SPECIFY) \_\_\_\_\_

COL.2: Discontinuation of Contraceptive Use

- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 SIDE EFFECTS
- 5 HEALTH CONCERNS
- 6 ACCESS/AVAILABILITY
- 7 WANTED MORE EFFECTIVE METHOD
- 8 INCONVENIENT TO USE
- 9 INFREQUENT SEX/HUSBAND AWAY
- C COST
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- W OTHER (SPECIFY) \_\_\_\_\_
- K DON'T KNOW

COL.3: Postpartum Amenorrhea

- X PERIOD DID NOT RETURN
- 0 LESS THAN ONE MONTH

COL.4: Postpartum Abstinence

- X NO SEXUAL RELATIONS
- 0 LESS THAN ONE MONTH

COL.5: Breastfeeding

- X BREASTFEEDING
- 0 LESS THAN ONE MONTH
- N NEVER BREASTFED

COL.6: Marriage/Union

- X MARRIED
- 0 NOT IN UNION

COL.7: Periods of Separation

- X NOT SEPARATED
- 1 HUSBAND ABROAD
- 2 HUSBAND ELSEWHERE IN EGYPT
- 3 WIFE ABROAD
- 4 WIFE ELSEWHERE IN EGYPT

COL.8: Moves and Types of Communities

- X CHANGE OF COMMUNITY
- 1 CAIRO/GIZA
- 2 ALEXANDRIA
- 3 OTHER CITY/TOWN
- 4 VILLAGE
- 5 OUTSIDE EGYPT

COL.9: Type of Employment

- 0 DID NOT WORK
- 1 PAID EMPLOYEE, AWAY FROM HOME
- 2 PAID EMPLOYEE, AT HOME
- 3 SELF-EMPLOYED, AWAY FROM HOME
- 4 SELF-EMPLOYED, AT HOME
- 5 UNPAID WORKER, AWAY FROM HOME
- 6 UNPAID WORKER, AT HOME

			1	2	3	4	5	6	7	8	9		
9	02	FEB	01									01	FEB
9	01	JAN	02									02	JAN
3	12	DEC	03									03	DEC
	11	NOV	04									04	NOV
	10	OCT	05									05	OCT
	09	SEP	06									06	SEP
1	08	AUG	07									07	AUG
9	07	JUL	08									08	JUL
9	06	JUN	09									09	JUN
2	05	MAY	10									10	MAY
	04	APR	11									11	APR
	03	MAR	12									12	MAR
	02	FEB	13									13	FEB
	01	JAN	14									14	JAN
	12	DEC	15									15	DEC
	11	NOV	16									16	NOV
	10	OCT	17									17	OCT
	09	SEP	18									18	SEP
1	08	AUG	19									19	AUG
9	07	JUL	20									20	JUL
9	06	JUN	21									21	JUN
1	05	MAY	22									22	MAY
	04	APR	23									23	APR
	03	MAR	24									24	MAR
	02	FEB	25									25	FEB
	01	JAN	26									26	JAN
	12	DEC	27									27	DEC
	11	NOV	28									28	NOV
	10	OCT	29									29	OCT
	09	SEP	30									30	SEP
1	08	AUG	31									31	AUG
9	07	JUL	32									32	JUL
9	06	JUN	33									33	JUN
0	05	MAY	34									34	MAY
	04	APR	35									35	APR
	03	MAR	36									36	MAR
	02	FEB	37									37	FEB
	01	JAN	38									38	JAN
	12	DEC	39									39	DEC
	11	NOV	40									40	NOV
	10	OCT	41									41	OCT
	09	SEP	42									42	SEP
1	08	AUG	43									43	AUG
9	07	JUL	44									44	JUL
8	06	JUN	45									45	JUN
9	05	MAY	46									46	MAY
	04	APR	47									47	APR
	03	MAR	48									48	MAR
	02	FEB	49									49	FEB
	01	JAN	50									50	JAN
	12	DEC	51									51	DEC
	11	NOV	52									52	NOV
	10	OCT	53									53	OCT
	09	SEP	54									54	SEP
1	08	AUG	55									55	AUG
9	07	JUL	56									56	JUL
8	06	JUN	57									57	JUN
8	05	MAY	58									58	MAY
	04	APR	59									59	APR
	03	MAR	60									60	MAR
	02	FEB	61									61	FEB
	01	JAN	62									62	JAN
	12	DEC	63									63	DEC
	11	NOV	64									64	NOV
	10	OCT	65									65	OCT
	09	SEP	66									66	SEP
1	08	AUG	67									67	AUG
9	07	JUL	68									68	JUL
8	06	JUN	69									69	JUN
7	05	MAY	70									70	MAY
	04	APR	71									71	APR
	03	MAR	72									72	MAR
	02	FEB	73									73	FEB
	01	JAN	74									74	JAN

BIRTH DATE: LAST CHILD BORN PRIOR TO JANUARY 1987

NAME:

MONTH..    
YEAR..

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY  
HUSBAND QUESTIONNAIRE**

IDENTIFICATION	
<p>GOVERNORATE _____ PSU/SEGMENT NO. _____</p> <p>KISM/MARQAZ _____ BUILDING NO. _____</p> <p>SHIAKHA/VILLAGE _____ HOUSE NO. _____</p> <p>HOUSEHOLD NO. _____</p> <p>URBAN.....1    RURAL.....2</p> <p>LARGE CITY....1    SMALL CITY....2    TOWN....3    VILLAGE....4</p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p>ADDRESS IN DETAIL _____</p> <p>NAME OF HUSBAND _____</p> <p>LINE NUMBER OF HUSBAND _____</p>	<p>GOVERNORATE</p> <p align="center">□ □</p> <p>PSU/SEGMENT NO.</p> <p align="center">□ □ □ □ □ □ □ □</p> <p>HOUSEHOLD NO.    URBAN/RURAL</p> <p align="center">□ □ □ □            □</p> <p>LOCALITY                      LINE NUMBER HUSBAND</p> <p align="center">□                              □ □</p>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<p>DAY    MONTH    YEAR</p> <p align="center">□ □    □ □    □ □</p>
TEAM				<p>TEAM</p> <p align="center">□ □</p>
INTERVIEWER'S NAME				<p>INTERVIEWER</p> <p align="center">□ □</p>
SUPERVISOR'S NAME				<p>SUPERVISOR</p> <p align="center">□ □</p>
RESULT				<p>RESULT</p> <p align="center">□</p>
NEXT VISIT:    DATE				TOTAL VISITS    □
TIME				
<p>RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> <p>4 REFUSED</p> <p>5 PARTLY COMPLETED</p> <p>6 INCAPACITATED</p> <p>7 OTHER _____</p> <p align="center">(SPECIFY)</p>				

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	□ □	□ □	□ □	□ □



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town or in a village?	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER LARGE CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5	
103	How long have you been living continuously in (NAME OF VILLAGE OR CITY IN WHICH INTERVIEW OCCURS)?  IF LESS THAN ONE YEAR, ENTER '00'.	NUMBER OF YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96 → 105	
104	Just before you moved here, did you live in a Cairo, Giza, Alexandria, another city or town or in a village?  _____ (NAME OF PLACE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER LARGE CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	How many times have you been married?	NUMBER..... <input type="text"/>	
108	In what month and year did you first enter into a marriage contract?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
109	How old were you when you first entered into a marriage contract?	AGE..... <input type="text"/> <input type="text"/>	
110	In what month and year did you first begin to live together (consummate your marriage)?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
111	How old were you when you first began to live together (consummate your marriage)?	AGE..... <input type="text"/> <input type="text"/>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
124	CHECK 123:  WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE	DOES (DID) <input type="checkbox"/> NOT WORK IN AGRICULTURE	126
125	Do you work mainly on your own land or family land, or do you rent land or do you work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	201
126	Do you work for someone else or for yourself?	FOR SOMEONE ELSE.....1 FOR HIMSELF.....2	201
127	Do you earn a regular wage or salary?	YES.....1 NO.....2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask you about all your children. Do you have any children?	YES.....1 NO.....2	203				
202	How many sons do you have? And how many daughters do you have?  IF NONE ENTER '00'.	SONS..... DAUGHTERS.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
203	Did you ever have a child who died, even if it was a only a small baby?	YES.....1 NO.....2	205				
204	How many of your sons have you lost? And how many of your daughters have you lost?  IF NONE ENTER '00'.	SONS DIED..... DAUGHTERS DIED.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
205	Would you like to have a (another) child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 UNDECIDED/DOES NOT KNOW.....8	207				
206	Does your wife want to have a (another) child or would she prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 WIFE IS UNDECIDED.....3 DOESN'T KNOW WIFE'S DESIRES.....8					
207	Have you and your wife ever discussed the number of children you would like to have?	YES.....1 NO.....2					
208	Do you think your wife wants the <u>same</u> number of children that you want, or does she want <u>more</u> or <u>fewer</u> children than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8					
209	CHECK 201: YES, HAS CHILDREN <input type="checkbox"/> NO, HAS NO LIVING CHILDREN <input type="checkbox"/>		211				
210	If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would you choose?	NUMBER..... OTHER ANSWER _____ 96 (SPECIFY)	212 213				
211	If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER..... OTHER ANSWER _____ 96 (SPECIFY)	213				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
212	<p>How many boys and how many girls?</p> <p>IF NONE ENTER '00'.</p>	<p>BOYS.....</p> <p>GIRLS.....</p> <p>OTHER ANSWER _____ 96</p> <p>(SPECIFY)</p>	
213	<p>What do you think is the best number of months or years between the birth of one child and the birth of the next child?</p> <p>IF LESS THAN 2 YEARS, RECORD IN MONTHS. OTHERWISE RECORD IN YEARS.</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>OTHER _____ 996</p> <p>(SPECIFY)</p>	
214	<p>When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has the most influence in deciding whether or not to have another child--you, or your wife or do you have equal say?</p>	<p>RESPONDENT HAS MORE INFLUENCE...1</p> <p>BOTH RESPONDANT AND WIFE EQUAL...2</p> <p>WIFE HAS MORE INFLUENCE.....3</p> <p>OTHER _____ 4</p> <p>(SPECIFY)</p>	
215	<p>Do you expect your children to help you financially when you get old?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>NOT SURE/DOESN'T KNOW.....8</p>	
216	<p>What is the highest level of school you would like for your daughter(s) to attain?</p>	<p>PRIMARY.....01</p> <p>PREPARATORY.....02</p> <p>SECONDARY.....03</p> <p>UPPER INTERMEDIATE.....04</p> <p>UNIVERSITY.....05</p> <p>MORE THAN UNIVERSITY.....06</p> <p>DEPENDS ON CHILD.....95</p> <p>NO ASPIRATIONS FOR EDUCATION...96</p> <p>DON'T KNOW.....98</p>	
217	<p>What is the highest level of school you would like for your son(s) to attain?</p>	<p>PRIMARY.....01</p> <p>PREPARATORY.....02</p> <p>SECONDARY.....03</p> <p>UPPER INTERMEDIATE.....04</p> <p>UNIVERSITY.....05</p> <p>MORE THAN UNIVERSITY.....06</p> <p>DEPENDS ON CHILD.....95</p> <p>NO ASPIRATIONS FOR EDUCATION...96</p> <p>DON'T KNOW.....98</p>	

SECTION 3. CONTRACEPTION

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01   PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02   IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03   INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04   NORPLANT Women can have small rods placed in their arm by a doctor which stops them from becoming pregnant for several years.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05   DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06   CONDOM Men can use a rubber covering during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07   FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your wife ever had an operation to avoid having any more children? YES.....1 NO.....2	Do you know a place where a person can get such an operation? YES.....1 NO.....2
08   MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2

CONTRACEPTIVE METHOD TABLE CONTINUED

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
09] RHYTHM, PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before ejaculation.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] PROLONGED BREASTFEEDING Women can prolong the time that they breastfeed their babies to delay the next pregnancy.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
12] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  1 _____ (SPECIFY)  2 _____ (SPECIFY)  3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2  YES.....1 NO.....2  YES.....1 NO.....2	
305	CHECK 302: AT LEAST ONE "YES" (HEARD OF A METHOD) <input type="checkbox"/>	NOT A SINGLE "YES" (NEVER HEARD) <input type="checkbox"/>	→ SKIP TO 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever discussed family planning with your wife?	YES.....1 NO.....2	→309
307	Who first started to discuss family planning, you or your wife?	RESPONDENT.....1 HIS WIFE.....2	
308	How often have you talked to your wife about family planning in the past year?	ONCE.....1 TWO OR THREE TIMES.....2 FOUR TIMES OR MORE.....3 NEVER.....4	
309	When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has the most influence in deciding whether or not to use family planning-you, or your wife or do you have equal say?	RESPONDENT HAS MORE INFLUENCE...1 BOTH RESPONDENT AND WIFE EQUAL...2 WIFE HAS MORE INFLUENCE.....3 OTHER _____ 4 (SPECIFY)	
310	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 313		
311	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→322
312	What have you or your wife used or done? CORRECT 303-305 (AND 302 IF NECESSARY).	_____ _____	
313	Have you ever gone to get family planning supplies?	YES.....1 NO.....2 NEVER USED SUPPLY METHODS.....3	
314	Have you ever accompanied your wife when she went for family planning?	YES.....1 NO.....2 SHE NEVER WENT.....3	
315	CHECK 303: EVER USED CONDOM <input type="checkbox"/> NEVER USED CONDOM <input type="checkbox"/> → SKIP TO 320		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	Do you and your wife usually use the condom in conjunction with some other method? IF YES: Which method?	PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY) USE CONDOM ONLY.....13	
317	Did you buy any condoms in the <u>past year</u> ?	YES.....1 NO.....2 → 319	
318	How many packets of condoms have you bought?	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER.....96 (SPECIFY)	
319	What brand of condoms do you usually obtain? Brand.....	BRAND..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
320	Are you and your wife currently doing anything or using anything to avoid or delay getting pregnant?	YES.....1 NO.....2 → 322	
321	Which method are you or your wife using?	PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY)	→ 326
322	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 → 324 NO.....2 DON'T KNOW.....8 → 326	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO									
323	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 WIFE CANNOT GET PREGNANT.....13 WIFE MENOPAUSAL/HYSTERECTOMY...14 INCONVENIENT.....15 OTHER _____ 16 (SPECIFY) DON'T KNOW.....98	→326									
324	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8										
325	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED ABSTINENCE.....11 OTHER _____ 12 (SPECIFY) UNSURE.....98										
326	How did you first hear about family planning?	TELEVISION.....01 RADIO.....02 PRINT MEDIA.....03 WIFE.....04 OTHER RELATIVES/FRIENDS.....05 GOVERNMENT DOCTOR/ CLINIC STAFF.....06 PRIVATE DOCTOR/ CLINIC STAFF.....07 RAIYDA/OTHER FP WORKER.....08 COMMUNITY MEETING.....09 OTHER _____ 10 (SPECIFY)										
327	In the last month, have you heard a message about family planning on:  the radio? television?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	
	YES	NO										
RADIO.....	1	2										
TELEVISION.....	1	2										
328	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DON'T KNOW.....8										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																												
329	<p>There are many spots or messages regarding family planning on television. Can you tell me about the spots or messages which you have found most informative or helpful to you?</p> <p>RECORD THE RESPONSE IN DETAIL. IF THE ANSWER IS A TO SERIES (E.G., KAREEMA MUHKAR OR THE DOCTOR), PROBE TO FIND OUT WHICH SPECIFIC SPOTS IN THE SERIES WERE MOST HELPFUL OR INFORMATIVE. RECORD UP TO THREE SPOTS.</p>	<p>1 <input type="text"/> <input type="text"/></p> <p>2 <input type="text"/> <input type="text"/></p> <p>3 <input type="text"/> <input type="text"/></p>																													
330	<p>CHECK 113, 114 AND 118:</p> <p>ATTENDED PREPARATORY OR HIGHER LEVEL <input type="checkbox"/></p> <p>ABLE TO READ <input type="checkbox"/></p> <p>NOT ABLE TO READ <input type="checkbox"/></p>	<p>→ 332</p>																													
331	<p>In the last month have you read an article about family planning in a newspaper or magazine?</p>	<p>YES.....1</p> <p>NO.....2</p>																													
332	<p>In the past year, have you ever attended a community meeting or talk in which there was discussion about family planning or Egypt's population problem?</p>	<p>YES.....1</p> <p>NO.....2</p>																													
333	<p>In general, do you approve or disapprove of couples using a method to avoid pregnancy?</p>	<p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DOESN'T KNOW/UNDECIDED.....8</p>																													
334	<p>In general, do you think that your religion allows couples to use family planning or it forbids it?</p>	<p>ALLOWS FP.....1</p> <p>FORBIDS FP.....2</p> <p>DOESN'T KNOW.....8</p>																													
335	<p>Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DOESN'T KNOW/UNDECIDED.....8</p>																													
336	<p>If couples wish to avoid pregnancy, do you approve or disapprove of their using:</p> <p>the condom?</p> <p>the IUD?</p> <p>female sterilization?</p> <p>withdrawal?</p> <p>male sterilization?</p> <p>the pill?</p>	<table border="0"> <thead> <tr> <th></th> <th>APPR</th> <th>DISAPPR</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CONDOM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>IUD.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FEMALE STER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>WITHDRAWAL.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>MALE STER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>PILL.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		APPR	DISAPPR	DK	CONDOM.....1	2	8		IUD.....1	2	8		FEMALE STER.....1	2	8		WITHDRAWAL.....1	2	8		MALE STER.....1	2	8		PILL.....1	2	8		
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MALE STER.....1	2	8																													
PILL.....1	2	8																													



SECTION 4. WIFE'S CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Does your wife go out alone or with your children to buy household items or visit relatives?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NOT ALLOWED TO GO OUT.....3 OTHER _____ 4 (SPECIFY)	
402	In general, if a wife disagrees with her husband, do you think she should express her opinion or keep quiet?	EXPRESS OPINION.....1 KEEP QUIET.....2 NOT SURE/DON'T KNOW.....8	
403	Some say that a woman's place is not only at home but she should be able to work. Do you agree?	AGREE.....1 DISAGREE.....2 NOT SURE/DON'T KNOW.....8	
404	Who should have the last word on the following--the husband, the wife, both, or someone else?  Visits to friends or relatives? Household budget? Having another child? Children's education? Children's marriage plans? Use of family planning methods? Your wife's employment?	HUSB WIFE BOTH OTHER  VISITS TO FRD/RL.1    2   3   4 HOUSEHOLD BUDGET.1    2   3   4 HAVING CHILD.....1    2   3   4 CHILD'S EDUC.....1    2   3   4 CHILD'S MARR.....1    2   3   4 FAMILY PLANNING..1    2   3   4 WIFE'S EMPLOYM'T.1    2   3   4	
405	What do you think is the total spent each month by a family in your situation?	AMOUNT..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT SURE/DON'T KNOW.....9998	
406	Does your wife make any contribution to the household budget?	YES.....1 NO.....2	
407	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 501-502 AS APPROPRIATE.  
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

501 DEGREE OF COOPERATION.

POOR.....	1
FAIR.....	2
GOOD.....	3
VERY GOOD.....	4

502 INTERVIEWER'S COMMENTS:

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503 FIELD EDITOR'S COMMENTS:

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504 SUPERVISOR'S COMMENTS:

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505 OFFICE EDITOR'S COMMENTS:

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